#### Miami Beach - Permit Procedures for Student Productions

## DO I NEED A PERMIT IF MY PRODUCTION IS A STUDENT PROJECT.

Yes. Student productions require a permit for filming and/or photography activities. However, the requirements vary from those for standard commercial productions.

HOW TO APPLY: Student productions can choose from both permitting systems.

#### OPTION 1:

<u>City of Miami Beach Film and Print Online Permit Request:</u>
https://secure.miamibeachfl.gov/cmbfilmprint/public/homepage.aspx

- No Application Fee
- Can only include locations within the City of Miami Beach

#### OPTION 2:

<u>Miami-Dade Office of Film and Entertainment Film/Photo Permit Application:</u>
<a href="http://filmiami.org/permits.asp">http://filmiami.org/permits.asp</a>

- \$100 Application Fee. For student productions, this fee can be waived with a letter from your professor to the Miami Dade Office of Film and Entertainment. Please visit <a href="http://filmiami.org/permit">http://filmiami.org/permit</a> students.asp for more details.
- Ability to include locations permitted by the County Film Office in the same permit using a single platform.

# PERMIT REQUIREMENTS

Student Productions are exempt from the Indemnity Agreement requirement, but must apply under their school's name and will be asked for their institution's insurance if an active certificate of insurance is not already on file.

Certificate of Insurance: The City of Miami Beach requires a Certificate of General Liability Insurance with:

- a **MINIMUM** coverage of one million (\$1,000,000.00) dollars, or of equal value in foreign currency.
- the territory of the United States covered.
- The City of Miami Beach (1700 Convention Center Drive, Miami Beach, FL 33139) listed as BOTH Certificate Holder and Additional Insured. If the Additional Insured inclusion is done through the "Description of Operations" panel, please note that we cannot accept any verbiage that includes a reference to negligence. An acceptable alternative is "Certificate Holder is included as Additional Insured in the General Liability Policy with respect to claims arising out of the operations of the Named Insured."
- If your school is required to carry Worker's Compensation per State or Provence requirements, please also include proof of coverage. The City of Miami Beach does not require to be added as Additional Insured to this policy.

### **Additional Documents:**

To tie each production to your respective school's insurance, please provide:

- Copy of valid student ID.
- Copy of course schedule with the class the project is for highlighted.

The above are the main requirements to obtain a basic Film & Print Permit, such as a City Wide. Student productions whose requests exceed the scope of a City Wide permit must comply with all standard permitting requirements. This means that if your filming request requires additional steps (such as hiring off-duty Police or Fire escorts, distribution of notifications, collection of Signature Surveys, etc.) you will be responsible for the necessary costs and coordination to secure them.

Please reach out to the Film Office as early as possible to identify any such additional requirements based on your specific production's needs.

# **CORRECT COI SAMPLE - STUDENT PRODUCTIONS**

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If SUBROGATIO		to th	ne terms and condition	ons of the	e polic	y, certain po	olicies may r	IAL INSURED provision require an endorsement		
PRODUCER	see not comer rigins	o ense	certificate floraer first		CONTAC		,			
PRODUCER					NAME: PHONE FAX					
						(A/C, No, Ext): (A/C, No):				
					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A :					
INSURED					INSURER B :					
SCHOOL NAME (MUST MATCH THE SCHOOL ID & COURSE SCHEDULE)					INSURER C:					
123 Address Street					INSURER D :					
City. State. Zip					INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
INDICATED. NOT CERTIFICATE MA' EXCLUSIONS AND	WITHSTANDING ANY RI	PERT POLK ADDL	REMENT, TERM OR CO AIN, THE INSURANCE CIES. LIMITS SHOWN M. (SUBR)	NDITION ( AFFORDE AY HAVE E	OF ANY	CONTRACT THE POLICIE EDUCED BY POLICY EFF	OR OTHER D S DESCRIBED PAID CLAIMS. POLICY EXP	D NAMED ABOVE FOR THE COCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO WHICH THIS DI ALL THE TERMS,	
		INSD	WVD POLICY N	UMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
•	L GENERAL LIABILITY	x	ACTIVE PC	LICY#		MW/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000.00	
CLAIMS	MADE Y OCCUR					MARION ARTHUR ARTHUR	UST BE EFFECTIVE	PREMISES (Ea occurrence)	\$	
						THROUGHOUT PER		MED EXP (Arry one person)	\$	
								PERSONAL & ADV INJURY	\$	
GEN1. AGGREGAT	E LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
✓ POLICY	JECT LOC							PRODUCTS - COMP/OP AGG	\$	
OTHER:									\$	
AUTOMOBILE LIAI	BILITY							COMBINED SINGLE LIMIT (En accident)	\$	
ANY AUTO								BODLY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS								BODLY INJURY (Per accident)	\$	
HIRED	NON-OWNED							PROPERTY DAWAGE	ŝ	
AUTOS ONLY	AUTOS ONLY							(Per accident)	Ś	
UMBRELLAL	IAB OCCUR							EACH OCCURRENCE	ŝ	
EXCESS LIAB								AGGREGATE	ŝ	
DED 8	RETENTION \$							Prior de Carrol de	ŝ	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?								PER OTH- STATUTE ER	•	
								E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under	·							E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF	OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Certificate Holder is included as Additional Insured on the General Liability Policy with respect to claims arising out of the operations of the Named Insured.										
OFFITIOATE NO	, pen				0.000	TI LATION				
CERTIFICATE HO	CERTIFICATE HOLDER CANCELLATION									
CITY OF MIAMI BEACH 1700 Convention Center Drive Miami Beach, FL 33139					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					

© 1988-2016 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)